Amendments to the Specification:

Please replace the paragraph beginning on page 1, line 11, with the following amended paragraph:

Esophageal airway guides used in the field of airway management in both humans and other mammals have been developed in the past twenty or more years for positioning extraglottic airway devices (EAD) as well as subglottic airway devices (SAD) which provide enough rigidity to guide the EAD or the SAD around the back of the mouth to help reduce the risk of tissue injury. In some instances such as in Scarberry U.S. patent no. 4,231,365; Parker U.S. patent no. 5,339,805 and Christopher U.S. patent no. 6,568,388, the guide has a generally preformed curvature which when positioned, assist[,] in manipulating the airway management devices into position. Saladach U.S. publication 2003/0062039 of April 3, 2003; Gomez U.S. Patent no. 6,053,166; Frankel U.S. patent no. 5,793,327 and Fletcher U.S. patent no. 4,329,983 provide a mechanical mechanism for manipulating the end of the guide from outside of the patient in

order to position the airway management devices. Flexible guide members have also been used such as in Matthews U.S. patent no. 4,632,112; Frankel U.S. patent no. 4,825,858 and Field U.S. Patent no. 5,919,183.

Please replace the paragraph beginning on page 7, line 17 through page 8, line 6, with the following amended paragraph:

Figure 6 shows a reclining person P. Outlined is the tongue A, the epiglottis B, the mouth C, the throat D, the trachea E, the esophagus F, and the corniculata and arytenoid cartilage G which separates the trachea E from the esophagus F. The insert or guide T is shown positioned in the esophagus F. The distal section 6 which is softer than the intermediate section 4 passes through the throat and into the esophagus with minimal injury to the tissue. The intermediate section 4 follows the distal section 6 without tissue injury. Once the insert or guide T is positioned, the esophageal airway management device is slid onto the insert or guide T and goes

into position in the esophagus with minimal injury. Note the positioning of the esophageal airway management device H in Figure 8. Various airway management devices such as shown in the aforementioned references may be used. Figure 7 shows the insert or guide T about **to be** ~~the~~ positioned in the trachea. The angled distal section 2 being soft, engages the cartilage G which guides the insert or guide T into the trachea with minimal tissue injury. Obviously the airway management device H is slipped down the insert or guide T into position in the same manner as generally illustrated in Figure 8 with the insert or guide T in position in the trachea. Once the airway management device H is positioned, the insert or guide T is withdrawn therefrom. It is to be noted that the accuracy of the positioning is improved over prior art devices because of the depth indicating means 20 on the insert guide T.